REGION RAC

November 20, 2008
Regional Advisory Committee Meeting
Agenda

9:30 Call to order - Welcome and Introductions
Region VI RAC Chair-person, Kerry Hong

9:40 FASD Presentation
Amy Slack & Matt English

10:15 RAC Chair Report
Steering Committee
– Concerns regarding Prescription Drugs
Region VI RAC Chair-person, Kerry Hong

10:30 Break

10:45 DHW Report – Sherry Johnson

11:00 Benchmark Report – Annette Ludington

11:10 BPA – Question and Answer – Lindsay Parent – Melissa Clark

11:25 Regional Advisory Committee Sub-committee Reports
- Drug Endangered Children, Matt English
- Prevention, Tracy Beeton
- Recovery Support, Betty Moore
- Treatment, Peter Vik PhD.
- Legislative/ Public Policy, Larry Morton

12:00 Member Discussion and Closing Comments

12:30 Adjourn

FUTURE MEETINGS AND CONFERENCES

Steering Committee
December, 18, 2008
9 a.m. to 12'noon
1070 Hiline Suite 230

RAC Meeting
February 19, 2009
9:30 a.m. to 12:30 a.m.
Location to be Announced

15th Annual Idaho State Prevention Conference
2008 Theme: The Role of the Arts in Prevention and Education
Sun Valley Conference Center
April 17-19, 2008

Region 6 Advisory Committee (RAC)
Idaho Department of Health and Welfare
November 20, 2008, 9:30 a.m. – 12:30 p.m.
Elks Lodge, Pocatello

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RAC MINUTES

RAC Members (highlighting indicates present at this meeting): Lewis Andrews, **Nick Arambarri,** Ed Axford, **Tracy Beeton,** Glenda Bellanca, **Donna Boe, Karen Briand**, Linda Cantrell, **Jennifer Carlson,** Ross Castleton, Tony Cellucci, **Robert DeHart,** Mark Disselkoen, **Dave Dougal**, **Matt English**, **Chris Freeburne**, **Donna Honena, Kerry Hong, Suzanne Johnson, Barry Jones,** Heather Kemp, Bill Lasley, **Sarah Leeds**, **Liz Lovell, Betty Moore, Larry Morton,** Roger Musser, Barbara Nash, Yvonne Perez, **Amy Slack,** Bill Slaven, **Mindy Stosich**, **Grant Thomas, Jay R. Thomson,** Melissa Vogel, Peter Vik, Kathy Weiser, Ralph West, Ralph Wheeler, **Lin Whitworth**

Guests: Sherry Johnson, Annette Ludington, Melissa Clark, Don Russell, Anita Heaney, Kristen Jones

Topic	Discussion
CALL TO ORDER	Welcome and Introduction
DEC Presentation	Matt English and Amy Slack presented on Fetal Alcohol Spectrum Disorder. DEC Committee members are available to give the presentation to other community groups and individuals – contact Matt or Amy to schedule the presentation. The DEC Committee will be sharing information and looking for community partners regarding this issue. (The presentation is available on the Region 6 RAC website at ***http://www.rac6.dhw.idaho.gov***).
RAC Chair Meeting/IACC Report	The Idaho Substance Use Disorder Treatment Bureau Central Office Update – November 5, 2008, was distributed to all in attendance. Kerry reviewed the newsletter and highlighted the following areas: ▪ A protocol has been developed for misdeamants to access treatment. Access can be made through 4 ways – (1) ordered by judge, (2) request at time of trial, (3) probation can request or (4) self referral. This information will also be discussed in further detail during the Treatment Committee Meeting. ▪ The WITS Integration training has been completed. ▪ The deadline for services providers to become co-occurring capable has been pushed back to July 2010. The Steering Committee has been discussing the problem of the misuse of prescription drugs. Tracy has been gathering information on both the community awareness regarding prescription drug abuse and the proper disposal of prescription drugs. If anyone is interested in assisting with this project, please contact Tracy, Lewis or Kerry.
Central Office Report	Sherry Johnson reminded the RAC that the legislative event will be held in February, date to be determined. Laura Thomas, Region 4 CRDS is coordinating the event. Each region needs to nominate one legislator for the Patricia Kempthorne Award. Donna Boe suggested Liz Chavez be nominated as she is the one who created the legislation to have bars post the notice about the harm to an unborn baby if the mother drinks during her pregnancy.

Questions from the RAC to Central Office

- When will the IDAPPA rewrite be completed? Sherry explained the entire rule is being updated and the draft has been sent up for review. Sherry did not know when it would be ready for public comment?
- RAC members wanted to ensure the outcomes Governor Otter requested during the 2009 Legislative session are being compiled. Sherry was asked to please provide the information to the region for both the treatment and legislative committees?
- Sherry was asked about the holdbacks. Sherry stated she would discuss this with Bethany and report back.

Committee & Management Services Contractor Reports	
Benchmark	Annette distributed the Region 6 Substance Abuse Prevention update. The update provided information about the services provided last year, list of service providers last year and the planned services for this year.
BPA – Q & A	RAC members wanted an update on the waiting list. Melissa explained if someone is on the waiting list it is a capacity issue not a funding issue. They are also offered a substitute level of care in the meantime. Clients can also request a specific provider and if that provider does not have a bed available, they will be placed on the list until a bed does become available. People in jail can't get a BPA authorization for treatment unless they are within 14 days of being released. Some times the prisoner can't get a release date until they have an appointment for treatment to begin. How is this 14-day disconnect being addressed? Melissa stated the probation officers can call BPA and discuss the inmate plan for release; this should alleviate this disconnect. Melissa stated BPA is currently in the implementation phase of the new grant cycle and will be providing case management training.
Prevention	Tracy reported she has been gathering information about the misuse of prescription drugs as noted by Kerry Hong. Again, if anyone is interested in assisting with this project, please contact, Tracy, Kerry or Lewis.
Drug Endangered Children (DEC)	Matt explained the DEC will be taking the "Alcohol Free Mother to Be" posters to various businesses in the community.
Legislative – Public Policy	Larry is planning a meeting early in December.
Recovery Support Services	Betty distributed a copy of the Recovery Support Services Committee's Goals and Objectives. The committee will be meeting with the representatives from judicial system tomorrow to share information. Jim McGahey will be presenting to the faith based group during a training the end of February. He will be sharing information on how clergy can work with probation officers.
Treatment	The Treatment Committee met the end of October. There was a good turnout with providers, referral sources, and probation officers. Items discussed during the meeting included, services available within the state system and providers becoming co-occurring capable

The next RAC meeting will be on Thursday, February 19, 2009, from 9:30 a.m. – 12:30 p.m.

Idaho Substance Use Disorder Treatment Bureau
Central Office Update
November 5, 2008

MSC Treatment Contract Update

The new Treatment Management Services Contract was awarded on October 31, 2008 to Business Psychology Associates (BPA). The 1-800 number will stay the same for clients to access the system. The Scope of Work contains several key deliverables for BPA that affect the local providers and the system as a whole to include:

- Providing and managing a statewide, regionally available substance use disorder clinical treatment and recovery support provider network according to eligibility rules, client pathways (Attached), current priority populations set and in affect as of November 1, 2008, provider requirements and protocols to deliver substance use disorder clinical treatment and recovery support services
- building and maintaining clinical treatment and recovery support provider networks using DHW approved providers to form an ASAM (American Society of Addiction Medicine) Patient Placement Criteria 2nd Edition Revised (PPC 2R) sanctioned continuum of care for each region of the state to meet the needs of eligible clients.
- providing the clinical treatment and recovery support services to meet the needs of clients with co-occurring substance use and mental health disorders in each region for each client and:
  - Ensure, according to ASAM PPC 2R, all Outpatient, Intensive Outpatient and Residential treatment providers in the networks are "Dual Diagnosis Capable" by July 1, 2010. Exceptions can be made with written approval by the Department;
  - Continually recruit providers in all regions who are, according to ASAM PPC 2R, are "Dual Diagnosis Enhanced" by July 1, 2010;
  - Ensure that all Providers complete a self-assessment utilizing the Dual Diagnosis-Capacity in Addiction Treatment by July 1, 2009 and that new Providers complete the self-assessment within three (3) months of entering the network;
  - Conduct a COD system audit utilizing the (DD-CAT) Index in consultation with DHW and publish a report on the initial audit by December 31, 2009 and each year thereafter beginning May 31, 2011;
  - Ensure Providers develop COD policies procedures.
- ensuring all Providers in the networks for all client groups are capable of treating Injection Drug Users
- ensuring that pregnant women clients in each region of the state will be placed in the appropriate treatment level of care within fourteen (14) days of requesting services, either regionally or statewide, and if there is inadequate capacity, how interim services will be provided in compliance with SAPT block grant requirements until placed in treatment
- ensuring that all clinical treatment Providers have a clinical supervisor, on staff or by contract/agreement, trained in using the Northwest Frontier Addiction Technology Transfer Center (NFATTC) clinical supervision model, and will provide supervision for all clinical staff

and conduct intensive supervision according to DHW guidelines for clinical staff not meeting IDAPA "Qualified Professionals" standards

- require Providers comply with data collection requirements, through the utilization of the Idaho WITS system, to support DHW's compliance with National Outcome Measures (NOMs) requirements
- develop and maintain a Provider performance system using incentives and sanctions up to terminating providers from the network, which also includes appeal and grievance policies and procedures
- Conduct at least one (1) Provider training session per quarter on the following:
  - ASAM
  - Clinical Supervision
  - Treatment for clients with co-occurring disorders
  - Case Management Standards
- Orientation to system (procedures, processes, billing, charting, records, data, confidentiality, etc.) for current and new providers as they join the network
  - An outline for Provider to explain the clinical documentation expectations;
  - An outline for Provider to explain the recovery support expectations;
  - Convey training attendance expectations;
  - A plan for follow-up with new Provider within 90 days of initial meeting;
  - Documentation (suggested forms, suggested charts, client care plan, personnel records, etc.); and,
  - Performance and results data collection and reporting to include client discharge, NOMs and other state specific protocols as required.
- Provide clinical support and mentoring
- BPA will provide client intake (i.e., screening and service assessment) and service coordination services for clients from all regions of the state to determine financial and clinical eligibility
- ensure clients are referred to Providers certified in conducting the appropriate GAIN assessment to develop treatment and recovery support plans at the onset of a treatment episode
- Develop and maintain a system to track and report a single drug testing result at time of discharge. This State Outcomes Measure will be added to WITS, with acceptable answers of positive, negative, and unknown
- BPA shall:
  - Create a narrative in each client chart that describes how the client moved through the continuum of care;
  - Conduct new client GAIN SS screenings and service assessments and setting the indicated ASAM PPC 2R level of care;
  - Review GAIN Q or SS screenings and service assessments conducted by referral agencies to set the indicated ASAM PPC 2R level of care;
  - Authorize unique units for services and issuing authorization;
  - Refer clients for clinical treatment and recovery support services;
  - Contact providers to notify them of an eligible client referral;

- Facilitate communication and coordination of services between community based case managers and clinical treatment and recovery support services providers;
- Reauthorize continued stay according to clinically appropriate frequencies for risk factor;
- Reauthorizing service plans including level of care transfers according to clinically appropriate frequencies for risk factor reviews;
- Ensure MSC staff review discharge plans submitted by clinical treatment Providers for approval;
- Complying with client intake protocols and any changes to these protocols developed through Contractor consultation with DHW;
- Ensure timely, within one (1) business day, correspondence by MSC staff with Providers of client intake and service authorizations conducted in the call center; and,
- Ensure timely client intake and eligibility screening (i.e., 85% ≤3 minute wait time) when a potential client calls the client intake and service coordination component of the MSC.

Budget Update

Attached is the monthly snapshot report that is given out at each ICSA meeting. What it shows is:

For SFY09 - July 1, 2008 - June 30, 2009 - H&W has $22,054,328 for adult treatment and $5,081,672 for adolescent treatment. As of September 30, 2008 we had spent the following:

Adults - $2,672,968 or 12.12% of the total adult budget

Adolescents - $800,079 or 15.74% of the total adolescent budget

For the SFY10 budget H&W requested and ICSA approved a request for $9,275,900 in ongoing funds to replace the one time funds in SFY09. We also asked for Federal spending authority for the Child Protection Drug Court grant and the Federal State Epidemiological Outcome Work Group contract.

IDAPA Rule re-write:

H&W continues the process of re-writing the IDAPA Facility Approval rules. We anticipate we will publish these rules in late winter/early spring with a 90 day comment period. We had thought we would be able to get these out earlier, but wanted to take the time to make sure we got it right. As a date is set, I will get you more information.

Priority Population Update

Adolescents: As of September 30th we have served 942 adolescents - many are currently in treatment. Our target for SFY09 is 1,258 so we are well on our way to exceeding this goal. In September ICSA requested from BPA a plan for developing and implementing .5 intervention services. BPA will be working with the adolescent workgroup to develop this by the end of the year. We continue to work with Redmont (Meridian) and Walker Center (Twin Falls) to increase the capacity for serving adolescents in a residential setting. The adolescent workgroup is also putting the final touches on the Adolescent transitional housing protocols.

19-2524: From July 1 - September 30th we have served the following under 19-2524:

Clients Screened:	320
Clients Clinically Eligible:	302
Clients Receiving and Assessment:	158
Clients in Treatment:	192

Treatment providers should be giving Judges the GAIN GRRS report (Sample copy attached) that includes a treatment recommendation. If you have questions in regards to this, please contact your BPA Regional Representative.

Misdemeanants: H&W, the Idaho Association of Counties and the Supreme Court are in the final development phase of a misdemeanant protocol. We anticipate that this will be complete and implementation will begin in late November. The protocol identifies four options for a misdemeanant to access the treatment system to include:

- Option #1 - Offender Charged with a Misdemeanor prior to a Court Hearing
- Option #2 - Offender Presents with Substance Use Disorder at Sentencing or Parole Violation Hearings
- Option #3 - Misdemeanant Offender Already on Probation
- Option #4 - Non-probation Self Referral

Once the final protocols are developed the Department will send them out on behalf of H&W, the Idaho Association of Counties and the Courts.

Prisoner re-entry: From July 1 - September 30 we have served 368 Prison re-entry clients along with an additional 289 clients who have or are in jeopardy of revocation. Most of these are still in treatment. The Prison Re-entry Protocol is in full swing. If you have questions or issues with the protocol please contact Jean Woodward, H&W Project Manager at 334-6610

Case Management: Since implementation of the new Case Management protocols almost 200 people have been trained. Based on the new MSC contract, the training for Case management will now be provided by BPA.

In regards to providing Case Management to Medicaid client's:

Medicaid requires that anyone billing for case management for substance use disorders must be a QP per IDAPA. The specific code is IDAPA 16.06.03

63. Qualified Professional. A member of one (1) of the following professional disciplines, as defined herein: certified, credentialed or licensed alcohol and drug counselor, licensed professional counselor, licensed nurse, licensed physician, psychologist, counselor holding a master's degree in a related field from an approved college or university, licensed, licensed clinical or licensed masters social worker, a person holding a bachelor's degree in a related field, or a person holding an associate degree in chemical dependency counseling who has applied for the Certified Alcohol/Drug Counselor (CADC), pending successful completion of the next testing

cycle. A qualified professional must have one thousand forty (1,040) hours of supervised experience providing substance abuse treatment.

Co-occurring Disorders: BPA is now responsible for developing the co-occurring capable and enhanced provider network for substance use disorders. You should expect information from them in the near future about plans based on the timeline in the Scope of Work above.

GAIN Update

Training on how to administer the GAINI and how to get to the Web Based GAINI through WITS is moving along. Providers should have received a memo outlining the dates in November and December for GAIN/WITS Interface training. Attached is the memo that you should have received. The GAINI site interviewer training is scheduled for the following days, times and locations:

November 17-18 at State Hospital South in Blackfoot
December 1-2 at Region 3 Health and Welfare office in Caldwell
December 4-5 at Region 2 Health and Welfare office in Lewiston

It is imperative that providers get their clinicians to the trainings. Also, you should have received an email from BPA giving providers a longer time to conduct the GAINI and to develop the treatment plan for clients other than 19-2524, 20-520I or Residential clients. This memo is also attached. If you have any questions, please give John Kirsch a call at: 334-6680 or your BPA representative.

Outcome Measures

Attached is the latest Director's Outcome Report for treatment

Attachment: Client Pathways

Client Pathways Summary

Client Intake and Review Functions

As clients are identified through the initial intake process and qualified under client group guidelines, it is understood that the majority of intake information will be received and processed in three (3) general pathways.

Pathway #1 – Direct Calls to the Call Center with BPA representatives completing the GAIN-SS, TEDS and financial eligibility.

Pathway #2 – Client Intake Form including TEDS, release of information, financial eligibility and approved GAIN screening tool are completed by the outside referral source and submitted to BPA for review. Vouchers will be created within 2 business days.

Pathway #3 – Some portion of the Client Intake Form including TEDS, release of information and financial eligibility and approved GAIN screening tool are completed by the client with the outside referral source and submitted to BPA for review. Client is instructed to call BPA's Hotline to complete assessment screening. Intake information will be reviewed and verified with client, and any missing information will be completed to determine recommended level of care placement. Vouchers will be created and the client will be transferred to the provider/facility of their choice.

Pathway 1	Pathway 2	Pathway 3
Pregnant Women Clients	Pregnant Women Clients	Pregnant Women Clients
Women clients with Dependent Children	Women clients with Dependent Children	Women clients with Dependent Children
Criminal justice ordered pursuant to §IC 19-2524	Criminal justice drug court clients	Criminal justice ordered pursuant to §IC 19-2524
Juvenile justice ordered pursuant to §IC 20-520(i)	Juvenile justice drug court clients	Juvenile justice ordered pursuant to §IC 20-520(i)
General non-criminal adult clients	Clients involved with the child protection system	Juvenile justice
General non-criminal adolescent clients	Criminal justice	Criminal justice
Adult prisoner re-entry clients already in the community referred by a PO	Juvenile justice	Adult prisoner re-entry clients re-entering communities
Injection drug users	Adult prisoner re-entry clients re-entering communities	Adult prisoner re-entry clients already in the community referred by a PO
	Adult prisoner re-entry clients already in the community referred by a PO	

Diagrams of the three pathways follow.

PATHWAY #1

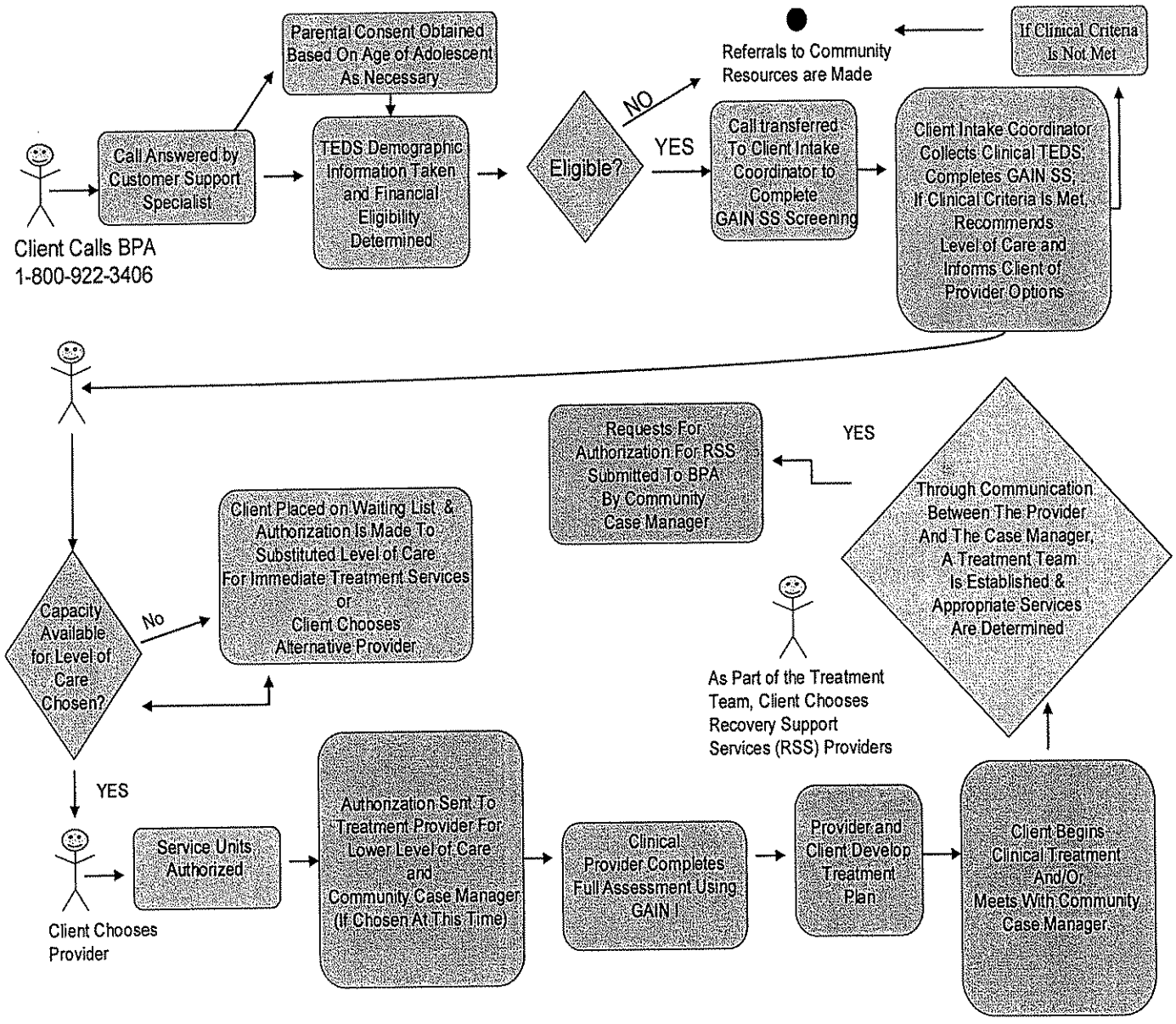
THE FOLLOWING CLIENT GROUPS WILL BE SERVED BY THIS PATHWAY

General non-criminal adult clients
General non-criminal adolescent clients
*Adult prisoner re-entry clients re-entering communities
*Pregnant women clients
*Women clients with dependent children
Injection drug users

*Juvenile justice-non-drug court clients ordered pursuant to §IC 20-520(i)

*Criminal justice felony non-drug court client ordered pursuant to §IC 19-2524

(*Denotes more than one pathway may service this client group)

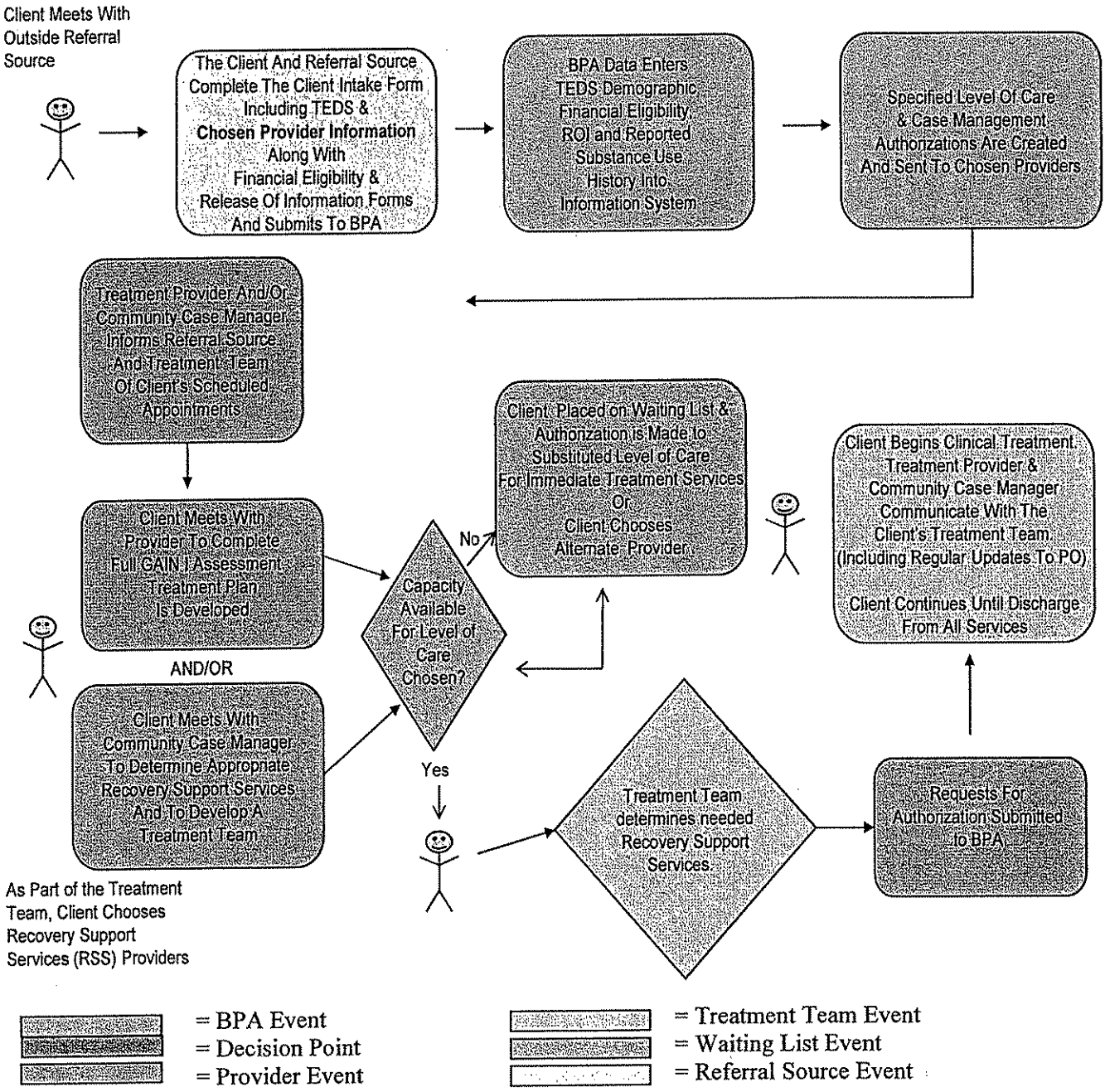


PATHWAY #2

THE FOLLOWING CLIENT GROUPS WILL BE SERVED BY THIS PATHWAY

*Pregnant women clients
*Women clients with dependent children
Criminal justice drug court clients
Juvenile justice drug court clients
Clients involved with the child protection system
Criminal justice clients
Juvenile justice clients
Adult prison re-entry clients

(*Denotes more than one pathway may service this client group)



PATHWAY #3

THE FOLLOWING CLIENT GROUPS WILL BE SERVED BY THIS PATHWAY

Criminal justice non-felony non-drug court clients

Criminal justice felony non-drug court clients

Adult prison re-entry clients already in the community referred by their PO

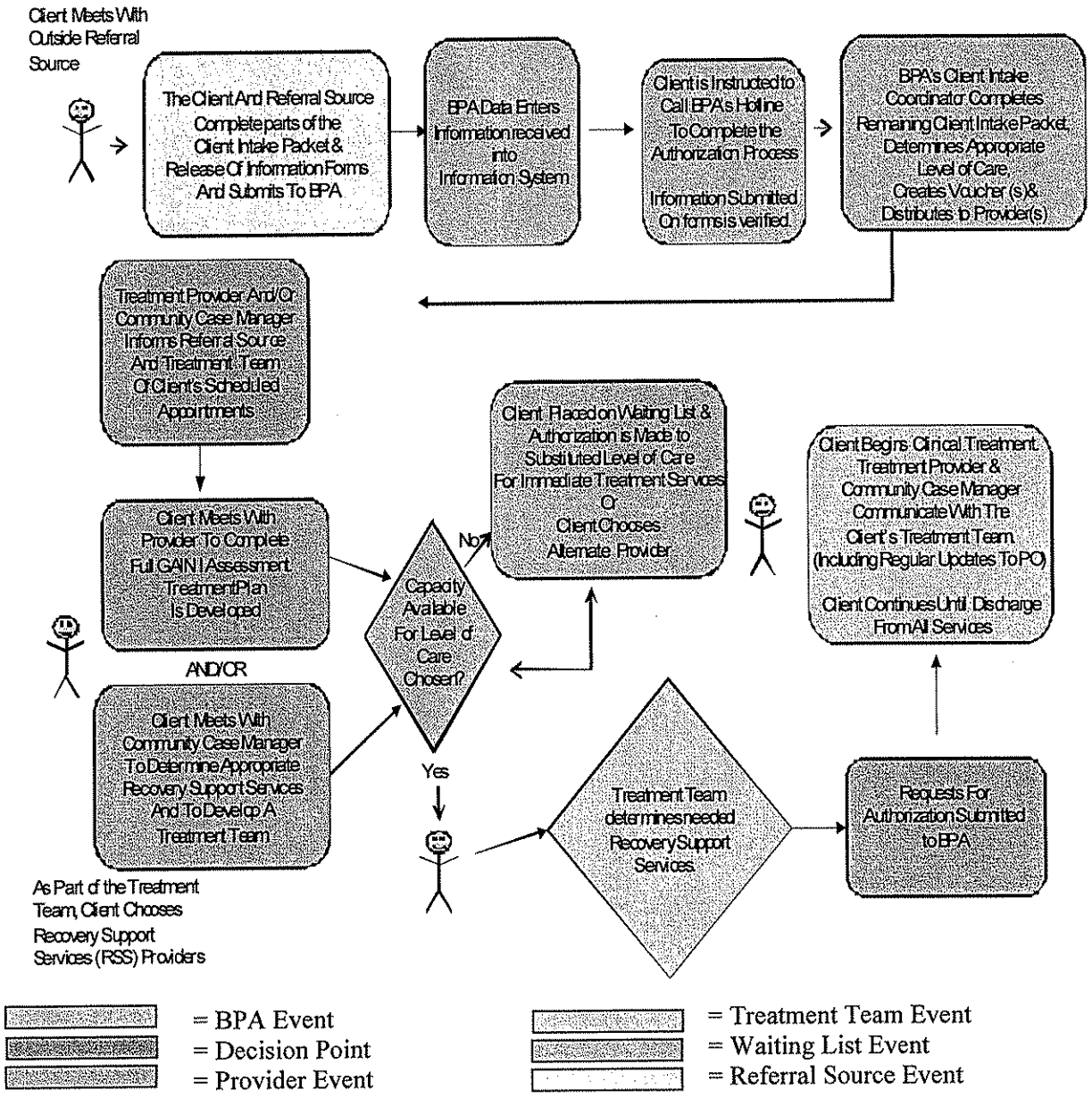
*Juvenile justice-non-drug court clients ordered pursuant to §IC 20-520(i)

*Criminal justice felony non-drug court client ordered pursuant to §IC 19-2524

*Pregnant women clients

*Women clients with dependent children

(*Denotes more than one pathway may service this client group)



SUBSTANCE ABUSE YTD BUDGET SNAPSHOT
STATE FISCAL YEAR 2009
Through September 2008

PREVENTION

	DHW Community Based	IDJC Community Based	Dept. of Education	Total
Total Prevention Expenditures Cash Basis	$609,145	$96,142	$96,254	$801,540
Budget	2,676,900		7,000,000	
Remaining Budget	$2,067,755		$6,903,746	
Average Expenditures per month	$203,048			
% of Budget spent to date	22.76%			
% of Year completed	25.00%			

ADULT

	DHW Community Based	IDOC Community Based	IDOC Institutional	Total
Residential	$461,914		$230,161	$692,075
Intensive Outpatient	971,337	$123,468	31,292	1,126,097
Outpatient	556,940	155,723	206,119	918,782
Halfway Housing	30,681			30,681
Transitional Housing	101,080			101,080
Detox	29,760			29,760
Assessment	35,223	543		35,766
Direct Client Services	65,313			65,313
Follow-up Assessment	0			0
Recovery Support	305,595	708		306,302
Drug Testing*	89,675	23,671	1,820	115,166
Total Adult Expenditures Accrual Basis	$2,647,519	$304,113	$469,391	$3,421,024
Total Adult Expenditures Cash Basis	$2,672,968	$304,113	$469,391	$3,446,473
Budget	22,054,328			
Remaining Budget	$19,381,360			
Average Expenditures per month	$890,989			
% of Budget spent to date	12.12%			
% of Year completed	25.00%			

* DHW Drug Testing includes Drug Court expenditures.

ADOLESCENT

	DHW Community Based	IDJC Community Based	IDJC Institutional	Total
Residential	$593,911		$671,089	$1,265,000
Intensive Outpatient	136,090			136,090
Outpatient	120,340	$74,912		195,251
Halfway Housing	0			0
Transitional Housing	0			0
Detox	0			0
Assessment	3,218			3,218
Direct Client Services	13,051			13,051
Follow-up Assessment	0			0
Recovery Support	14,311			14,311
Drug Testing*	13,400		287	13,687

Total Adolescent Expenditures Accrual Basis	$894,321	$74,912	$671,377	$1,640,609
Total Adolescent Expenditures Cash Basis	$800,079	$74,912	$671,377	$1,546,367
Budget	5,081,672			
Remaining Budget	$4,281,593			
Average Expenditures per month	$266,693			
% of Budget spent to date	15.74%			
% of Year completed	25.00%			

* DHW Drug Testing includes Drug Court expenditures.

ⓘ T&B Carryforward for DHW from 2008 will be $2,131,000. This is not yet refelected in the above budget.

IDAHO DEPARTMENT OF
HEALTH & WELFARE

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MEMORANDUM
10-21-08

To: **DHW/BPA Network Treatment Providers and Partner Agencies**

From: **Bethany Gadzinski, Chief, Bureau of Substance Use Disorders**

Subject: **Web Based Training to access the GAIN I Web-based Assessment**

Providers and Partner Agency Folks:

The Web Infrastructure Treatment Systems (WITS) Training shall include interface training with the Chestnut Health Systems Web-based ABS GAIN Assessment Instruments for Certified GAIN Administrators, Certified GAIN Site Interviewers, and certified GAIN Local Trainers serving the substance use disorders treatment network and approved partner agency personnel.

Training sessions will be conducted in three hour segments which include 2 hours for instruction and an additional hour for questions and concerns. This initial training, planned for each Region, will allow your staff to go back to their office and begin utilizing the **WITS electronic training web site**. Follow up training will be provided via three, one hour WEBEX presentations that each staff may access from their own office computer. Prior to entering client data on the Idaho WITS web site you will be assigned participant codes and passwords. DHW will provide instructions on obtaining participant codes and passwords over the next couple of weeks.

Prerequisites: Qualified participants who register for the training will be: 1) *Certified to administer a GAIN Assessment*, **or** 2) Be identified by you as the *person in your agency designated as having computer and web skills that can be utilized to train additional staff* on how to access the WITS electronic training web site.

The training will consist of:

1. System Basics
2. Access
3. Client Profile
4. Intake
5. Consent and Referral

6. Next Steps
7. Review of System Basics
8. When You Need Help
9. You will not be trained on administering the GAIN Assessments. *You will be referred to a web-based **Tutorial for administering the GAIN I Assessment on line**. For those of you who have already been utilizing the GAIN I Legacy this will be a seamless transition. For those of you who are moving from the paper and pen version directly to the web-based version, you will find it is less complicated, (automatic skips, notification of inconsistencies in client responses, as they occur, and takes less time to administer). Your editable GRRS summary report will be immediately available.*

As in any new endeavor, there is a learning curve. The move to this web-based system promises to be much less ominous that the move to the GAIN Assessment, and in fact, it should free up time and reduce stress.

REGIONAL TRAINING SCHEDULE

Region 1: **DHW,** 1120 Ironwood Drive, Coeur d'Alene lower level DHW Computer Rm.
8 student computers
Monday 11-17-08 1:30 PM to 4:30 PM
Tuesday 11-18-08 9:00 AM to 12:00 PM and 1:30 PM to 4:30 PM

Directions: From I-90 take the Northwest Blvd/City Center exit and head toward City Center. Turn left onto Ironwood Drive. Turn right into Ironwood Business Park and the 1120 building is immediately on the right. Drive around to the lower level. From US 95, turn onto Ironwood Drive at Kootenai Medical Center. If traveling northbound, turn left at the light; southbound turn right. Turn left into Ironwood Business Park and the 1120 building is immediately on the right. Drive around to the lower level.

Region 2: **LCSC,** North Lewiston Training Center, 1920 3rd Avenue North
18 student computers
Wednesday 11-19-08 1:30 to 4:30 PM

Directions: From downtown Lewiston cross over the Clearwater River bridge as if you were going to Moscow. Turn left (west) at the stoplight at 3rd Avenue North. Go 2 blocks until you see the LCSC North Lewiston Training Center on your left. If traveling to Lewiston from Moscow or Grangeville on 95/12, turn right at the stoplight at 3rd Avenue North. Go 2 blocks until you see the LCSC North Lewiston Training Center on your left.

Region 3 and Region 4:

BSU, Education Building, next to Morrison Center, Room, E421/E419
24 student computers
Friday 11-14-08 9:00 AM to 12:00 PM and 1:30 PM to 4:30 PM
Friday 11-21-08 9:00 AM to 12:00 PM and 1:30 PM to 4:30 PM

Directions: From Capitol Blvd turn onto University Drive heading east. Turn left at the second intersection (Brady Street). Park in the parking garage on the left (parking fee is $1.00 for the first hour and 25 cents for each 15 minutes thereafter). The Morrison Center will be directly north of the parking garage and the Education Building will be the tall building to the right of Morrison Center. Enter the Building through the doors next to the tall building. Take elevator to the 4th floor and room E421/E419 will be the 6th door on the right. This is a two room entrance, so proceed to Room 419.

Region 5:

CSI, Meyerhoeffer Hall
20 Student Computers
Thursday 11-13-08 1:30 PM to 4:30 PM

Directions: If you are heading south on Blue Lakes, turn right on Falls Avenue and then turn right into the campus at the entrance stoplight. If you are heading north on Blue Lakes, turn left onto Falls Avenue and then turn right at the stoplight at the entrance to the campus. Get into the left lane on campus and turn left. The Meyerhoeffer building will be the 2nd building on the right and there is parking south of the building.

Region 6:

ISU, Turner Bldg, Room, 111 in the basement
20 Student Computers
Tuesday 11-11-08 1:30 PM to 4:30 PM

Directions: Take Clark Street Exit off I-15 to Memorial Drive. Turn left on 15th Street which becomes Memorial Drive. Turn left on Martin Luther King Junior Way. You will be able to park in the Reed GYM Parking lot, on the right. Instruction to obtain ISU Parking passes will be made available when we send verification of registration.

Region 7:

State Hospital South, Administration Building in Basement.
9 Student Computers
Wednesday 11-12-08 9:00 AM to 12:00 PM and 1:30 PM to 4:30 PM

Directions: From I-15 take the North Blackfoot Exit (by Wal-Mart) and drive east on Bridge to the intersection with Broadway. Turn left on Broadway. Turn right on Alice Street. Alice Street ends in the Administration Building Parking Lot at SHS. Turn left just before the Parking lot and follow the road around the Administration Building until you reach the large parking lot to the east of the Administration

Building. Walk to the front entrance to the Administration Building (by the flag pole). Go in the front door and down the steps. Turn left and proceed to the last door on the left.

WITS Interface Training

Registration Form

November 2008

Name of Participant :_____Position:_____

Organization:_____

Mailing Address of Organization:_____

_____

Phone Number:_____ Participant Email:_____

Participants will be assigned to a 3 hour training based on a first come first serve basis. Training locations and schedules of locations are based on computer training room capacity and availability, and on the logistics of getting trainers to the each Region.

Please complete the following information based on the foregoing schedule of WITS Interface Training Events.

I wish to Participate in the following training event:

Region: _____

Training Location: _____

Date: _____

Time: _____

Please fax the completed form (one per person), to Michelle Buskey at 208-334-0667 by November 1, 2008.

FASD

Join the Drug Endangered Children Committee in the Partnership to Prevent Fetal Alcohol Spectrum Disorders (FASD)

FASD Partnership to Prevent Fetal Alcohol Spectrum Disorders
Prevention.samhsa.gov/faspartnership

FASD

Uniting Local Communities in a National Concern

- The Partnership to Prevent FASD is a public education program that was developed by the Substance Abuse and Mental Health Services Administration's (SAMHSA's) FASD Materials Development Center for Excellence as part of a broad prevention mandate by the U.S. Government.
- The program was developed in collaboration with four communities chosen for their geographic, socioeconomic, and cultural diversity. This collaboration included both formative research and pilot testing.
- Now that the pilot phase is complete, the program is available to interested communities in the form of a comprehensive manual.
- It is now being launched in Bannock County by the Drug Endangered Children Committee and the Region 6, RAC.

FASD Partnership to Prevent Fetal Alcohol Spectrum Disorders
Prevention.samhsa.gov/faspartnership

FASD

The Problem

- Alcohol goes into the mother's bloodstream and passes to the baby.
- FASD is an umbrella term describing the range of effects that can occur in an individual whose mother drank alcohol during pregnancy.
- These effects may include physical, mental, behavioral, and/or learning disabilities with possible lifelong implications.
- Alcohol hurts one in 100 babies born in the United States each year.[1]
- There is no known amount of alcohol use that is safe during pregnancy.
- There is no known time during pregnancy when alcohol use is safe.

[1] May, P.A., & Gossage, J.P. (2001). Estimating the prevalence of fetal alcohol syndrome: A summary. *Alcohol Research & Health, 25*, 159-167.

FASD Partnership to Prevent Fetal Alcohol Spectrum Disorders
Prevention.samhsa.gov/faspartnership

FASD

The Problem: Facts about FAS and FAE

- At least 5,000 babies are born each year with FAS.
- 50,000 children born show symptoms of FAE.
- FAS is the leading cause of mental retardation.
- FAS/FAE is a problem found in all races and socioeconomic groups.
- FAS/FAE is irreversible physical and mental damage.

FASD Partnership to Prevent Fetal Alcohol Spectrum Disorders
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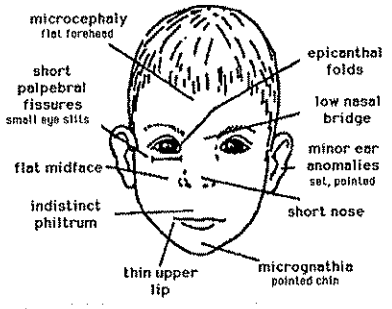
More Facts about FAS/FAE

- Many children labeled as learning disabled are believed to be FAE children.
- The behavioral and mental problems of FAE children are no less than those of FAS children.
- Cost to the American taxpayer is $321 every year per person.
- FAS / FAE is 100% preventable.

Fetal Alcohol Syndrome (FAS)

- Maternal use of alcohol during pregnancy
- Growth deficiencies, such as low birth weight
- Pattern of facial abnormalities
- Brain damage

Distinctive Facial Abnormalities



Other possible physical abnormalities

- Heart defects
- Teeth can be misshapen/misaligned/too large
- Cleft palate/cleft lip
- Skeletal problems/small bones
- Unexplained pain in joints

Permanent Brain Damage

- I.Q. may range from 20-130
- Learning Disabilities
- Impulsive Behavior
- Attention Deficit Disorder
- Motor Problems
- Behavioral Problems
- Hypoactivity
- Hyperactivity
- Developmental Delays

The Audience

- Women who are planning to get pregnant or are already pregnant
- Women's significant others: fathers-to-be, family members, friends
- Providers who are in a unique position to discuss risk and help change behavior

The Objectives

- Prevent the problem by eliminating alcohol use during pregnancy.
- Create a support network of significant others and providers.
- Communicate positive, consistent messages using a variety of outlets.
- Enlist community members and providers to disseminate Partnership messages and materials.

Partner Attributes

A balanced range of Partners can achieve the capacity to perform the following:

- Actively address concerns related to alcohol, women's issues, maternal and child health, and families, including the roles of men; and
- Promote healthy behaviors among women in the community by providing health education and other services.

Types of Partners

A mix of talents and skills can help sustain the effort:

- Neighborhood groups and community centers
- Local health departments
- Civic organizations
- Recreational businesses
- Consumer retail outlets

FASD Partnership to Prevent Fetal Alcohol Spectrum Disorders

Types of Partners (cont'd.)

- Business groups
- Faith-based organizations
- Public and private sector employers
- Coalitions and advocacy groups
- Local media
- Providers

FASD Partnership to Prevent Fetal Alcohol Spectrum Disorders

Partner Roles

- Endorse the FASD prevention effort to broaden support.
- Designate a point of contact within the organization to promote networking and coordinate activities.
- Host an event.
- Staff a booth at a local health fair.

FASD Partnership to Prevent Fetal Alcohol Spectrum Disorders

Partner Roles (cont'd.)

- Distribute FASD prevention messages and materials.
- Include articles in organization newsletters or on Web sites.
- Place an article, announcement, or ad in local media (TV, radio, newspapers, magazines, billboards, bus sides/shelters).

FASD Partnership to Prevent Fetal Alcohol Spectrum Disorders

Partner Roles (cont'd.)

- Facilitate a training session.
- Help conduct research (lead a focus group or administer a survey).
- Provide financial, labor, and other resources, such as printing or photocopying materials.

Partner Benefits

- Updates the Partners on FASD research and successful outreach efforts.
- Increases outreach to the community by providing educational materials for women, significant others, and providers.
- Enhances Partner presence as a community leader in FASD prevention.
- Provides networking opportunities with community members and other organizations.

Next Steps

- Contact the Drug Endangered Children Committee for more information. (Committee Co-chairs: Amy Slack and Matt English)
- slacamy@isu.edu (Amy Slack)
- English.M@dhw.idaho.gov (Matt English)
- Visit the FASD Center for Excellence Web site: http://www.fasdcenter.samhsa.gov/.
- Complete a Partnership sign-up form.

Recovery Support Committee
Goals and Objectives for 2008-2009
November 20, 2008

Our goal is to create a recovery culture by using community recovery support services as an alternative to jail, prison, or residential treatment. We hope to work collaboratively with the judicial system, probation and parole, substance abuse treatment providers, and the faith-based community to support individuals in recovery.

Objective 1: Distribute and share information in the recovery support resource directory. The resource directory covers a number of areas needed by those in recovery who may be coming out of community treatment, the judicial system, or who have never sought community services.

Objective 2: Expand our committee support to enhance recovery support services in our rural counties.

Objective 3: Identify areas needing additional community support such as safe and sober housing for men and women, education and job training, classes for social and cognitive skills, and resource coordination.

- We can learn from other successful communities, such as the NITRO project in North Idaho.

Objective 4: Support and encourage training for area churches and clergy who are working with individuals in recovery. This is a commitment we made while doing our initial survey for the resource directory. Dr. Jim McGahey will facilitate a training which will be presented in Pocatello in February 2009.

Objective 5: Continue collaboration-building and education within our community

- Our committee has a high regard for the improvements to the recovery culture which have come about through the efforts of drug court and other innovative programs.
- We hope to meet with the judicial system to collaborate on providing recovery support for those in the court system.
- We plan to share information with the community on options which may be less costly and more effective for individuals needing recovery support.

Objective 6: Develop a community-wide recovery support plan based upon William Miller's book "Rethinking Substance Abuse" and his chapter on "Developing a Community Model."

Objective 7: Continue looking for effective alternatives to prison, jail, and residential treatment when appropriate to save money while still providing effective support for those seeking a life of recovery.